



SUMMARY REPORT ON THE IMMUNIZATION STATUS OF FIRST GRADE STUDENTS ENROLLED IN SCHOOL

State Form 49455 (R8/5-06)
IC 20-8.1-7-11

SCHOOL YEAR _____

Name of School Corporation		CODES	
Name of School		County #	
Address of School		Corporation #	
City	County	School #	
Zip Code	School Telephone No.		

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Each school that has their own school number listed in the Indiana School Directory, published by the Department of Education, must submit a **separate** report. The answer for each box below must be a number (**No Check Marks, etc.**)

Enter in box the number of first grade students in your school:

A.

Number of students from Box "A" above having completed immunizations:

B.

See the work sheet for the minimum complete immunizations.
Students listed in this category need no further follow-up.

EXEMPTIONS:

Number of students from Box "A" above who have a medical contraindication on file:

C.

A physician's signed statement, verified annually and kept in your school immunization records, is required.

Number of students from Box "A" above who have a religious objection on file:

D.

A statement, signed and verified annually by a parent/guardian stating the objection, must be on file in your school immunization records.

Number of students from Box "A" above **NOT** complete and having no exemption on file.

E.

If there is a number (other than 0 in Box "E") then Boxes "F" thru "N" **must** be completed.

Total Students that fall into these categories (**Not Doses**):

REASONS	Record not on file	Need DTaP/DT/Td	Need Polio	Need Hepatitis B	Need 1 st Measles	Need 2 nd Measles	Need Rubella	Need Mumps	Need Varicella
	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)

Return this form to:
Indiana State Department of Health
Immunization Program, 6A
2 North Meridian Street
Indianapolis, IN 46204-3003

Signatures: _____

Superintendent

Prepared By _____